

Medical certificate

Name of the Patient:

Date of Birth:

Place of residence:

Needs prescripton drugs to manage his/her illnes. In order to ensure correct therapy, the following should be carried when travelling.

Name of the prescribed Medication:

- **Predni M Tablinen**
 - 30 piece of Tablets
 - 1x4mg daily
 - Methylprednisolon
 - Tablet,
 - Granulomatosis with Polyangiitis (GPA)
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- **Vigantoletten**
 - 30 piece of Tablets
 - 1 x 0,025mg daily
 - Colecalciferol
 - Tablet
 - Granulomatosis with Polyangiitis (GPA)
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- **Pantoprazol dura**
 - 100 piece/Box
 - 1x20mg daily
 - Pantoprazol-Natrium
 - Tablet
 - Granulomatosis with Polyangiitis (GPA)
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- **Novaminsulfon Lichtenstein 500mg**
 - 30 Stück
 - 1-3 x 500mg daily
 - Metamizol-Natrium
 - Tablet
 - Back & Shoulder Pain
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- **Posiformin,**
 - 5g
 - as needed
 - Bibrocathol
 - Salve
 - Prophylactic for Barleycorn
-

Date:

Signature & Stamp of Physician: